### CERTIFICATION FOR INDIRECT COST RATE

P	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0789	3	Birney Elem		44	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit woe submitted for the electure oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are p between the expenses policable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently
	ict Superintendent or		Street Address	or P.O. Box	,
Chairperson			7 Red Bluff Loop		
Printed Name of A	uthorized Official		City	2	Zip Code
			Dimov		59012
Title			Birney Date		55012
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0790	4	Forsyth Elem		44	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			Box 319		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Forsyth	5	9327
Title			Date		
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	.IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

UPI	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31, 2	2004	
Legal Entity #	School Dist. #	School Name	С	ounty	Level
0791	4	Forsyth H S		44	HS
Proposed Restr	icted Indirect Cost Rate	<b>e</b> % (Rou	ınd to nearest hun	dredth (X.	XX%) of a percent.)
application should		rith one copy of each appermentary and high schoo			
This is to certify the knowledge and be		ndirect cost rate proposal	submitted herev	with and t	o the best of my
allowable in accorda-87, "Cost Princi	dance with the requirem ples for State and Local	tablish the final indirect of ents of the Federal awar Governments." Unallow rmined Indirect Cost Allo	d(s) to which the able costs have	y apply a been adju	nd OMB Circular
casual relationshi accordance with a have not been cla and the Office of I predetermined rate	p between the expenses applicable requirements. imed as direct costs. In Public Instruction will be	roperly allocable to Fede incurred and the agreem Further, the same costs addition, similar types of notified of any accounting	nents to which the that have been costs have beer	ey are alle treated as n account	ocated in s indirect costs ed for consistently
Signature of Dis	trict Superintendent or		eet Address or	P.O. Box	
Chairperson		Box	c 319		
Printed Name of	Authorized Official	City		Z	Zip Code
		For	rsyth	5	59327
Title		Dat	•		
Send co	ompleted form to:				
	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction	ENT OF PUBLIC	INSTRU	CTION BY:
ACCEPTE	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501  R THE SUPERINTENDE Date	ENT OF PUBLIC	INSTRU	CTION BY:

### CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0792	6	Lame Deer Elem		44	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.	XX%) of a percent.)
	Complete and submit wo submitted for the ele oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirement les for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are pubetween the expenses plicable requirements. In the distribution will be subjected in the public instruction will be regoing is true and corresponding to the distribution will be regoing is true and corresponding to the distribution will be regoing is true and corresponding to the distribution will be regoing is true and corresponding to the distribution will be regoing in the distribution will be regoing to the distribution will be recorded as the distribution wi	incurred and the agr Further, the same of addition, similar type notified of any accou	eements to which osts that have been so of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			Box 96		
Printed Name of A	uthorized Official		City	2	Zip Code
			Lame Deer	5	59043
Title			Date		
Send con	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0794	12	Rosebud Elem		44	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allooen treated as in accounted	cated in ndirect costs d for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			Box 38		
Printed Name of A	uthorized Official		City	Zij	p Code
			Rosebud	59	347
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	TION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

P	Superintendent PO Box 202501 Jelena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0795	12	Rosebud H S		44	HS
Proposed Restric	eted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit wo submitted for the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ict Superintendent or		Street Address	or P.O. Box	
Chairperson			Box 38		
Printed Name of A	uthorized Official		City	2	Zip Code
			Rosebud	5	59347
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
		+	Signature		

### CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0796	19	Colstrip Elem		44	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo be submitted for the electory or an area oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship laccordance with aphave not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 159		
Printed Name of A	uthorized Official		City	Z	ip Code
			Colstrip	5	9323
Title			Date	,	
Send com	npleted form to: School Accounting of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

Legal Entity # School Dist. # School Name County	
	Level
0797 19 Colstrip H S 44	HS
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.X	(X%) of a percent.)
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Ra application should be submitted for the elementary and high school district. A copy of this cer returned upon approval of your rate.	
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to knowledge and belief:	the best of my
(1) All costs included in this proposal to establish the final indirect cost rate for the periods ind allowable in accordance with the requirements of the Federal award(s) to which they apply an A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjust costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.	nd OMB Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of casual relationship between the expenses incurred and the agreements to which they are allo accordance with applicable requirements. Further, the same costs that have been treated as have not been claimed as direct costs. In addition, similar types of costs have been accounted.	ocated in indirect costs
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.	
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board  Street Address or P.O. Box	
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  Street Address or P.O. Box	
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159	
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159  Printed Name of Authorized Official  City  Zi	ot the
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159  Printed Name of Authorized Official  City  Zi	ip Code
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159  Printed Name of Authorized Official  Colstrip  59	ip Code
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159  Printed Name of Authorized Official  Colstrip  Title  Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501	cip Code 9323
and the Office of Public Instruction will be notified of any accounting changes that would affect predetermined rate.  I declare that the foregoing is true and correct.  Signature of District Superintendent or Board Chairperson  PO Box 159  Printed Name of Authorized Official  City  Colstrip  Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501	cip Code 9323

#### Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

#### **CERTIFICATION FOR INDIRECT COST RATE**

PO Box 202501 Helena, MT 59620-2501  Legal Entity # School Dist. #			Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0800	32J	Ashland Elem		44	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	hundredth (X.)	XX%) of a percent.)
	Complete and submit on submit on the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accorda	ed in this proposal to e ance with the requirer les for State and Loca in the attached Predeto	nents of the Federal a I Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	ed in the proposal are between the expense plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of addition, similar type anotified of any accor	reements to which costs that have been es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri Chairperson	ct Superintendent o	r Board	Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 17 City	Z	Zip Code
			Ashland	5	9003
Title			Date	 	
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

### CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1230	6	Lame Deer H S		44	HS
Proposed Restr	icted Indirect Cost Rat	<b>e</b> % (F	Round to nearest h	undredth (X.	XX%) of a percent.)
application should	Complete and submit was submited for the electrons of your rate.				
This is to certify the knowledge and be	nat I have reviewed the in elief:	ndirect cost rate propo	sal submitted he	rewith and t	o the best of my
allowable in accorda-87, "Cost Princi	ded in this proposal to estance with the requirement ples for State and Local I in the attached Predete	ents of the Federal aw Governments." Unalle	vard(s) to which to wable costs have	hey apply a ve been adju	nd OMB Circular
casual relationshi accordance with a have not been cla	ded in the proposal are post between the expenses applicable requirements. imed as direct costs. In	incurred and the agre Further, the same co	ements to which sts that have bee	they are all on treated as	ocated in s indirect costs
predetermined rat	e.	notified of any accoun			
I declare that the Signature of Dist		rect.		t would affe	ct the
redetermined rate I declare that the	e. foregoing is true and cor	rect. Board	ting changes tha	t would affe	ct the
I declare that the Signature of Dist	e. foregoing is true and cor	rect. Board	ting changes tha	t would affe	ct the
I declare that the Signature of Dist	e. foregoing is true and cor trict Superintendent or	rect. Board	ting changes tha  Street Address of the stre	or P.O. Box	ct the
I declare that the Signature of Dist	e. foregoing is true and cor trict Superintendent or	rect.  Board  I	Street Address of Box 96	or P.O. Box	ct the
I declare that the Signature of Dist Chairperson  Printed Name of Title	e. foregoing is true and cor trict Superintendent or	Board S  If the second	Street Address of Box 96 City  Lame Deer	or P.O. Box	ct the
I declare that the Signature of Dist Chairperson  Printed Name of  Title  Send co	foregoing is true and cortrict Superintendent or  Authorized Official  Ompleted form to: School Accounting Office of Public Inst PO Box 202501	and Budgeting truction	Street Address of Box 96 City Lame Deer Date	t would affe	Zip Code 59043
I declare that the Signature of Dist Chairperson  Printed Name of Title  Send co	foregoing is true and contrict Superintendent or  Authorized Official  Ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting truction -2501  R THE SUPERINTEN	Street Address of Box 96 City Lame Deer Date	t would affe	Zip Code 59043